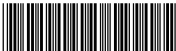


|   |  |  |
|---|--|--|
| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>09653486 | <b>Applicant(s)/Patent Under Reexamination</b><br>CROW, JAMES J. |
|   | <b>Examiner</b><br>YVES DALENCOURT         | <b>Art Unit</b><br>2457  |

| ORIGINAL                  |  |          |     |     |  | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |  |  |  |  |
|---------------------------|--|----------|-----|-----|--|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|
| CLASS                     |  | SUBCLASS |     |     |  | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |  |  |  |  |
| 709                       |  | 220      |     |     |  | G                            | 0 | 6 | F | 15 / 16 (2006 01 01) |             |  |  |  |  |  |  |  |
| <b>CROSS REFERENCE(S)</b> |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 709                       | 203                                      | 221      | 222 | 227 |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 370                       | 248                                      | 252      |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
|   | 1        |       | 17       |       | 33       | 2     | 49       | 18    | 65       | 34    | 81       |       |          |       |          |
|   | 2        |       | 18       |       | 34       | 3     | 50       | 19    | 66       | 35    | 82       |       |          |       |          |
|   | 3        |       | 19       |       | 35       | 4     | 51       | 20    | 67       | 36    | 83       |       |          |       |          |
|   | 4        |       | 20       |       | 36       | 5     | 52       | 21    | 68       | 37    | 84       |       |          |       |          |
|   | 5        |       | 21       |       | 37       | 6     | 53       | 22    | 69       | 38    | 85       |       |          |       |          |
|   | 6        |       | 22       |       | 38       | 7     | 54       | 23    | 70       |       |          |       |          |       |          |
|   | 7        |       | 23       |       | 39       | 8     | 55       | 24    | 71       |       |          |       |          |       |          |
|   | 8        |       | 24       |       | 40       | 9     | 56       | 25    | 72       |       |          |       |          |       |          |
|   | 9        |       | 25       |       | 41       | 10    | 57       | 26    | 73       |       |          |       |          |       |          |
|   | 10       |       | 26       |       | 42       | 11    | 58       | 27    | 74       |       |          |       |          |       |          |
|   | 11       |       | 27       |       | 43       | 12    | 59       | 28    | 75       |       |          |       |          |       |          |
|   | 12       |       | 28       |       | 44       | 13    | 60       | 29    | 76       |       |          |       |          |       |          |
|   | 13       |       | 29       |       | 45       | 14    | 61       | 30    | 77       |       |          |       |          |       |          |
|   | 14       |       | 30       |       | 46       | 15    | 62       | 31    | 78       |       |          |       |          |       |          |
|   | 15       |       | 31       |       | 47       | 16    | 63       | 32    | 79       |       |          |       |          |       |          |
|   | 16       |       | 32       | 1     | 48       | 17    | 64       | 33    | 80       |       |          |       |          |       |          |

|   |  |   |  |
|---|--|---|--|
| NONE<br><br>(Assistant Examiner) _____ (Date) _____<br>/YVES DALENCOURT/<br>Primary Examiner.Art Unit 2457<br>(Primary Examiner) _____ (Date) _____ |  | <b>Total Claims Allowed:</b><br>38<br><br>O.G. Print Claim(s) _____ O.G. Print Figure _____<br>72 4 |  |
|---|--|---|--|